OAKVIEW CARE CENTER

1220 3RD AVENUE W, P.O. BOX 224

DURAND 54736 Phone: (715) 672-3687 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 58 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 57

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	90
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups 	 % 	Less Than 1 Year   1 - 4 Years	33.9 48.2
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	5.4		17.9
Day Services	No	Mental Illness (Org./Psy)	8.9	65 - 74	5.4		
Respite Care	Yes	Mental Illness (Other)	7.1	75 - 84	21.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	3.6	85 - 94	55.4	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	17.9	65 & Over	94.6		
Transportation	No	Cerebrovascular	19.6			RNs	9.3
Referral Service	No	Diabetes	21.4	Sex	%	LPNs	13.0
Other Services	No	Respiratory	5.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.1	Male	30.4	Aides, & Orderlies	45.9
Mentally Ill	No			Female	69.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No			[	100.0		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<b>:</b>		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	6	13.3	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	10.7
Skilled Care	2	100.0	285	39	86.7	109	0	0.0	0	9	100.0	137	0	0.0	0	0	0.0	0	50	89.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		45	100.0		0	0.0		9	100.0		0	0.0		0	0.0		56	100.0

\*

********	********	*****	*****	******	******	*****
Admissions, Discharges, and		n of Residents'	Condition	ons, Services, and	Activities as of 12	/31/02
Deaths During Reporting Period						
				Needing		Total
Percent Admissions from:	Activities of	90	Ass	istance of	% Totally	Number of
Private Home/No Home Health	7.1   Daily Living (ADL)	Independent	One (	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.9   Bathing	3.6		82.1	14.3	56
Other Nursing Homes	10.7   Dressing	35.7		53.6	10.7	56
Acute Care Hospitals	44.6   Transferring	37.5		46.4	16.1	56
Psych. HospMR/DD Facilities	1.8   Toilet Use	39.3		48.2	12.5	56
Rehabilitation Hospitals	0.0   Eating	78.6		16.1	5.4	56
Other Locations	26.8   *************	******	*****	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	56   Continence		용	Special Treatment	S	ଚ୍ଚ
Percent Discharges To:	Indwelling Or Exter	nal Catheter	5.4	Receiving Respi	ratory Care	5.4
Private Home/No Home Health	21.1   Occ/Freq. Incontine	nt of Bladder	39.3	Receiving Trach	eostomy Care	0.0
Private Home/With Home Health	12.3   Occ/Freq. Incontine	nt of Bowel	23.2	Receiving Sucti	oning	0.0
Other Nursing Homes	12.3			Receiving Ostom	y Care	1.8
Acute Care Hospitals	8.8   Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	1.8   Physically Restrain	ed	1.8	Receiving Mecha	nically Altered Diet	s 17.9
Rehabilitation Hospitals	0.0					
Other Locations	3.5   Skin Care			Other Resident Ch	aracteristics	
Deaths	40.4   With Pressure Sores		1.8	Have Advance Di	rectives	98.2
Total Number of Discharges	With Rashes		1.8	Medications		
(Including Deaths)	57			Receiving Psych	oactive Drugs	55.4

	This	Other Hospital-			All
	Facility	Based Facilities		Fac	ilties
	ଚ୍ଚ	양	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	87.4	1.12	85.1	1.15
Current Residents from In-County	75.0	84.3	0.89	76.6	0.98
Admissions from In-County, Still Residing	23.2	15.2	1.53	20.3	1.14
Admissions/Average Daily Census	98.2	213.3	0.46	133.4	0.74
Discharges/Average Daily Census	100.0	214.2	0.47	135.3	0.74
Discharges To Private Residence/Average Daily Census	33.3	112.9	0.30	56.6	0.59
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	94.6	91.8	1.03	87.7	1.08
Title 19 (Medicaid) Funded Residents	80.4	65.1	1.23	67.5	1.19
Private Pay Funded Residents	16.1	22.6	0.71	21.0	0.76
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	16.1	31.3	0.51	33.3	0.48
General Medical Service Residents	16.1	21.8	0.74	20.5	0.78
<pre>Impaired ADL (Mean) *</pre>	36.8	48.9	0.75	49.3	0.75
Psychological Problems	55.4	51.6	1.07	54.0	1.03
Nursing Care Required (Mean)*	3.6	7.4	0.48	7.2	0.50